



# New Hampshire Department of Safety Bureau of Emergency Medical Services



## EMS Instructor/Coordinator License Renewal Application

*Please type or print legibly in ink:*

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Service Affiliation: \_\_\_\_\_

### Requirements for Licensing Renewal

(Legible copies of documents and certificates must be attached pursuant to Saf-C 5908)

1. A current certificate of successful completion of a CPR Instructor course which meets the guidelines set forth in Saf-C 5901.031 (AHA BLS-Healthcare Provider level);
2. Proof of current registration at the minimum of EMT-B with the National Registry and registered at or above the classification level of the program(s) to be instructed;
3. Affiliation with a licensed EMS Unit, which at minimum, shall be at the provider level of the program(s) to be instructed;

(NOTE: Copy of current NH EMS Provider License will complete requirements 2 & 3 above.)

Proof of successful completion in the previous 2 years of the following;

1. At minimum, 20 hours of instruction in Bureau authorized training programs;

Course #'s: \_\_\_\_\_

2. At minimum, attendance at 3 hours of continuing education in order to improve teaching skills such as educational methodology or Bureau sponsored I/C Enhancements:

Date: \_\_\_\_\_ Topic: \_\_\_\_\_ Location: \_\_\_\_\_

*Please return completed License Application to:*

**Tammy Fortier, Licensing Coordinator**  
**DOS – Bureau of EMS**  
**33 Hazen Drive**  
**Concord, NH 03305**

***“All statements and accompanying documents are true and correct to the best of my knowledge, and I understand that any falsification will result in disqualification.”***

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR BUREAU USE ONLY

____NR	____Accepted
____Inst CPR	____Denied
____License	____Initial
	____Date

02/09/05